

# APPLICATION FORM

## Private Client Services

*Please print and complete this form — then fax it to us at 718-677-4007.*

How did you hear about us? \_\_\_\_\_

What industry are you involved with? \_\_\_\_\_

How soon do you plan to hire us? \_\_\_\_\_

Describe what you would like us to do for you.

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People you have worked with who would recommend you.

Name \_\_\_\_\_ E-mail \_\_\_\_\_

Name \_\_\_\_\_ E-mail \_\_\_\_\_

Name \_\_\_\_\_ E-mail \_\_\_\_\_

### Contact Information

Your name \_\_\_\_\_

Company \_\_\_\_\_ Title \_\_\_\_\_

Business address \_\_\_\_\_

Type of business \_\_\_\_\_ Daytime phone \_\_\_\_\_

Best time to call \_\_\_\_\_ Fax \_\_\_\_\_

Website \_\_\_\_\_ E-mail \_\_\_\_\_

You hereby agree and acknowledge that private client service is a priority service for clients on a retainer basis. You agree that we may disclose information you provide if required to do so by law, at the request of a third party. You also acknowledge and agree that we may work with other professionals onshore or offshore to keep matters under review and develop a strategy to help you achieve your objectives and keep your affairs running smoothly.